

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09802458</b>	FILING DATE <b>03-09-01</b>	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2	)						52		
3	/						53		
4	/						54		
5	/						55		
6	/						56		
7	/						57		
8	/						58		
9	/						59		
10	/						60		
11	/						61		
12	/						62		
13	)						63		
14	/						64		
15	/						65		
16	/						66		
17	/						67		
18	/						68		
19	/						69		
20	/						70		
21	/						71		
22	/						72		
23	/						73		
24	/						74		
25	/						75		
26	/						76		
27	)						77		
28	)						78		
29	/						79		
30	/						80		
31	/						81		
32	/						82		
33	/						83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	3						TOTAL IND.		
TOTAL DEP.	30						TOTAL DEP.		
TOTAL CLAIMS	33						TOTAL CLAIMS		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS